

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1003

11611-62-044245

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

Registrar's No.

11611

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 7 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN St. Louis

Length of stay in 1b

1 yr.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Lutheran Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

2818 Ohio Ave. (rear)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

CARL

Middle

FRANK

Last

GATHEMAN

4. DATE
OF
DEATH

Month

Day

Year

December 2, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/1/1907

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

chef

10b. KIND OF BUSINESS OR INDUSTRY

catering

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Max R. Gatheman

13b. MOTHER'S MAIDEN NAME

Katherine Kuerz

14. NAME OF HUSBAND OR WIFE

Marie Effie Peter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Kenneth Gatheman, 4740 Bonita Avenue

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

LYMPHO SARCOMA

INTERVAL BETWEEN ONSET AND DEATH

7 MONTHS

DUE TO (b)

PRIMARY SITE LEFT AXILLA

DUE TO (c)

200-1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11/27/62 to 12/2/62 and last saw her alive on 12/2/62

Death occurred at 9:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

12/5/62

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

BEIDERWIEDEN F.H. INC., 1936 St. Louis Avenue DEC 4 - 1962

Road Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

Dr. Geo. Daman, 6500 Chippewa
2-4 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 41520

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.